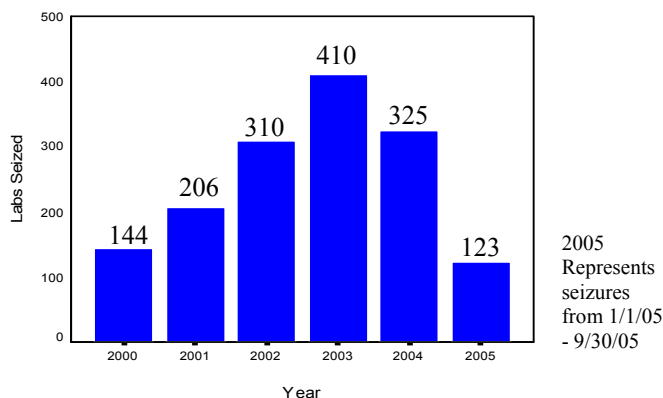


METH IN MINNESOTA

METH LABS SEIZED SINCE 2000:



*Data is self-reported from state drug task forces.

*Numbers include both lab seizures and dump sites.

LOCATION OF METH:

50% Rural

50% Urban

ORIGIN OF METH:

Meth was first detected in Minnesota in 1996. There has been a significant decrease in lab seizures over the past 6 months, however this trend does not suggest that meth has reached its peak. Minnesota is now working to combat the high quality meth being imported from Mexico.

IMPACT OF LAW LIMITING SALE OF COLD MEDECINE:

Minnesota's new law, which became effective August 1, 2005, places meth precursor drugs on the Controlled Substances Schedule V, establishes limitations, requirements, and penalties relating to over-the-counter sales of methamphetamine precursors, and increases the penalty for possession of certain substances with intent to manufacture methamphetamine.

METH WATCH PROGRAM:

Minnesota's Meth Watch program, which is managed by the Minnesota Pharmacists Association, has been in existence since 2004.

IMPACT OF METH ON TRAFFIC SAFETY:

Minnesota does not currently monitor traffic safety in regards to methamphetamine.

LAW ENFORCEMENT RESPONSE:

There is currently no law enforcement training provided specific to methamphetamine.

CHILDREN IN SOCIAL SERVICE SYSTEM DUE TO METH:

The number of children in Minnesota's social service system due to meth is currently unknown.

PROTECTING DRUG ENDANGERED CHILDREN:

Prior to the establishment of the National Alliance of Drug-Endangered Children (DEC) and its associated state alliances, the Minnesota Department of Health and county public health agencies began working together on the establishment of county protocols for the medical assessment and evaluation of children removed from meth labs. The protocols vary slightly from county to county, but are generally consistent with the National DEC Alliance protocols. Staff training and recommendations for assessment, testing, and medical care of meth-endangered children have been widely available throughout the state for the past 5 years. For more information regarding all alcohol and drug-endangered children please visit: www.health.state.mn.us/divs/chs/phn/phnnews0305.html

REHABILITATION AND TREATMENT:

Minnesota has chemical dependency treatment programs that address the individual offender's meth addiction. All Minnesota DOC chemical dependency programs (approximately 800 beds) assess the offender's need for treatment and develop an individual treatment plan to address the issues. The DOC has also developed a program evaluation process, although there is currently no program outcome data available.

CLEANING UP METH LABS:

In 2000, the Minnesota Department of Health, with assistance from the Minnesota Pollution Control Agency (MPCA), adapted the Washington State cleanup guidance in the MDH document, *Clandestine Drug Lab Cleanup Guidance*. Since the MDH cleanup guidance became available, clandestine lab cleanup ordinances have been passed in approximately 80% of Minnesota's 87 counties and in some tribal communities. On January 1, 2006 lab cleanup will become mandatory by law throughout the state.

BEST PRACTICES:

- ♦ Early availability of clandestine lab responder training
- ♦ Awareness and education
- ♦ Multi-agency Meth Taskforce
- ♦ Local Meth Taskforces
- ♦ Local Meth Lab Ordinances
- ♦ Minnesota Revolving Cleanup Loan Fund
- ♦ Legislation classifying pseudoephedrine as a Schedule V drug and requiring it to be dispensed from a pharmacy

For more information about Minnesota's efforts to fight the war against meth visit www.health.state.mn.us/divs/eh/meth/ or contact the Office of Justice Programs of Public Safety at 651-284-333



